

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001579

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 135

STATE FILE NUMBER

1. FILED JAN 25 1962

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas CityLength of stay in 1b
unkc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Heartstone Nuro. HomeInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
708 SanfordReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
GEORGE A. COREY

4. DATE OF DEATH

Month Day Year
1 - 6 - 1962

5. SEX

male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

5-5-1889

9. AGE (last birthday)

70

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Michigan

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

unk

13b. MOTHER'S MAIDEN NAME

unk

14. NAME OF HUSBAND OR WIFE

—

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Heartstone Nuro. Home 708 Sanford

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH was caused by:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Hypertension

6 years

DUE TO (c)

Arteriosclerosis

10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-1-59 to 1-6-62 and last saw her alive on 1-6-62
Death occurred at 10:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Frank Paul Lauranzana MD

428 South White Ave

1-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1-10-1962

23c. NAME OF CEMETERY OR CREMATORY

Mt Calvary

23d. LOCATION (City, town, or county)

Kansas City, Kans

(State)

24. FUNERAL DIRECTOR

ADDRESS

Pascanteno Bros KC, MO

25. DATE RECD. BY LOCAL REG.

1-10-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Frank Paul Lauranzana Medical Certification

1015 Dec 11 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *R. B. [Signature]*

Licensed Embalmer No. 4554

P. O. Address KC MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.